

## NURSES

### CHAPTER 20:48:01

#### DEFINITIONS

Section

**20:48:01:01. Definitions.** Terms defined in SDCL chapter 36-9 have the same meaning when used in this article. In addition, terms used in this article mean:

- (1) "Adolescent," a person at least 12 years of age but not yet 18 "Assignment," the transfer of responsibility and accountability for nursing activities from one licensed nurse to another person;
- (2) "Client," a consumer of nursing care;
- (3) "Clinical enrichment program," any program designed to provide supervised clinical experience based on the nursing process and offered by an employing institution or agency to nursing students outside a formal educational program;
- (4) "Complex nursing situation," a situation in which the client's clinical and behavioral state is not predictable and rapid change in that state is reasonably anticipated;
- (5) "Conservative sharp wound debridement," a procedure using a sharp instrument to remove necrotic tissue above the level of viable tissue that is not expected to cause significant blood loss;
- (6) "Controlling institution," an educational institution or general hospital under whose auspices a school is organized and operated;
- ~~(6)~~(7) "Deep sedation," a drug-induced depression of consciousness during which a patient cannot be easily aroused, interventions may be required to maintain a patent airway or spontaneous ventilation;
- (8) "Delegation," transferring to a trained individual the authority to perform a specific nursing task in a specific situation;
- ~~(7)~~(9) "Direct supervision," supervision given by a registered nurse or, advanced practice registered nurse, licensed physician, or authorized health care provider approved by the board, who is physically present in the immediate area where the client is being provided nursing service;
- ~~(8)~~(10) "Equivalent" or "equivalency," the completion, in a school that is not approved by the board or in a school of another kind, of a program that is substantially equal to the preparation received in a board-approved program;
- ~~(9)~~(11) "General anesthesia," a drug-induced loss of consciousness during which a patient is not arousable, interventions are required to maintain a patent airway;

(12) "Licensee," a person who holds a license issued by the board or privilege to practice as either a registered or licensed practical nurse, certified registered nurse anesthetist, or clinical nurse specialist;

~~(10)~~(13) "Minimal supervision," supervision given by a registered nurse, advanced practice registered nurse, licensed physician, ~~pharmacist, or dentist~~ or authorized health care provider approved by the board, who is physically on the premises where the client is being cared for or readily available by electronic communication;

~~(11)~~(14) "Moderate Sedation," a drug-induced depression of consciousness during which a patient is capable of responding to verbal commands, interventions to maintain a patent airway or spontaneous ventilation are not anticipated;

(15) "Nursing assistant," a person trained to assist the licensed nurse and function in a supportive role, regardless of title, to whom a nursing task may be delegated;

~~(12)~~(16) "Registrant," a person who is registered by the board as an unlicensed nursing assistant under chapter 20:48:16;

~~(13)~~(17) "School," a school that conducts a course of study for the preparation of registered nurses, licensed practical nurses, certified registered nurse anesthetists, clinical nurse specialists, certified nurse midwives, or certified nurse practitioners;

~~(14)~~(18) "Stable nursing situation," a situation in which the client's clinical and behavioral state is known and predictable and no rapid change in that state is reasonably anticipated;

(19) "Titrate," continuously assessing, measuring, and adjusting the dosage of medication.

**Source:** SL 1975, ch 16, § 1; 3 SDR 35, effective November 11, 1976; 4 SDR 26, effective November 1, 1977; 6 SDR 88, effective March 3, 1980; 12 SDR 109, effective January 9, 1986; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 175, effective May 28, 1987; 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 41 SDR 12, effective July 31, 2014; 44 SDR 81, effective November 6, 2017; 45 SDR 9, effective July 30, 2018; 49 SDR 51, effective November 27, 2022.

**General Authority:** SDCL 36-9-21, 36-9A-41.

**Law Implemented:** SDCL 36-9-21, 36-9A-21.1.

## CHAPTER 20:48:04

### THE PRACTICE OF NURSING

#### Section

20:48:04:01 ~~Scope and standards~~ Standards of nursing practice — Basic role for the registered nurse and licensed practical nurse.

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20:48:04:02.01 Repealed.

20:48:04:02.02 Repealed.

20:48:04:02.03 Authorization to perform kidney dialysis functions.

20:48:04:02.04 Training program required for a licensed practical nurse to perform kidney dialysis functions, Repealed.

20:48:04:03 Repealed.

20:48:04:04 Repealed.

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20:48:04:06 Intravenous therapy ~~functions~~ tasks which may be performed by licensed practical nurses.

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**20:48:04:01. ~~Scope and standards~~ Standards of nursing practice — Basic role for the registered nurse and licensed practical nurse.** The scope of practice of the registered nurse and the licensed practical nurse is dependent upon each nurse's basic education and demonstrated competence in additional skills acquired through in-service, continuing education, or graduate studies. A licensee is personally responsible for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person.

— The following are the standards of nursing practice:

~~\_\_\_\_\_ (1) For the registered nurse:~~

~~\_\_\_\_\_ (a) The registered nurse shall utilize the following recurring nursing process:~~

~~\_\_\_\_\_ (i) Make nursing assessments regarding the health status of the client;~~

~~\_\_\_\_\_ (ii) Make nursing diagnoses which serve as the basis for the strategy of care;~~

~~\_\_\_\_\_ (iii) Develop a plan of care based on assessment and nursing diagnosis;~~

~~\_\_\_\_\_ (iv) Implement nursing care; and~~

~~\_\_\_\_\_ (v) Evaluate responses to nursing interventions;~~

~~\_\_\_\_\_ (b) The registered nurse shall recognize and understand the legal implications of delegation and supervision. The nurse may delegate to another only those nursing interventions which that person is prepared or qualified to perform and shall provide minimal or direct supervision to others to whom nursing interventions are delegated. The registered nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01;~~

~~\_\_\_\_\_ (c) When providing preventive, restorative, and supportive care, the registered nurse may determine and place durable medical equipment or therapeutic devices necessary to implement the overall nursing plan of care; and~~

~~\_\_\_\_\_ (d) The board recognizes **Nursing: Scope and Standards of Practice**, 2004, and the **Guide to the Code of Ethics for Nurses: Interpretation and Analysis**, 2008, as published by the American Nurses Association as the criteria for assuring safe and effective practice following licensure;~~

~~\_\_\_\_\_ (2) For the licensed practical nurse:~~

~~\_\_\_\_\_ (a) The licensed practical nurse shall assist the registered nurse or physician in the recurring nursing process as follows:~~

~~\_\_\_\_\_ (i) Contribute to the nursing assessment;~~

~~\_\_\_\_\_ (ii) Participate in the development of the nursing diagnoses;~~

~~\_\_\_\_\_ (iii) Participate in care planning;~~

~~\_\_\_\_\_ (iv) Participate in the implementation of nursing interventions;~~

~~\_\_\_\_\_ (v) Contribute to the evaluation of responses to nursing interventions;~~

~~\_\_\_\_\_ (b) The licensed practical nurse may practice as follows in two general settings:~~

~~\_\_\_\_\_ (i) With at least minimal supervision when providing nursing care in a stable nursing situation; and~~

~~\_\_\_\_\_ (ii) With direct supervision when providing nursing care in a complex nursing situation;~~

~~\_\_\_\_\_ (c) The licensed practical nurse may perform the intravenous therapy functions defined in § 20:48:04:06, with demonstrated competence acquired through basic nursing education or in-service training or other forms of continuing education;~~

~~\_\_\_\_\_ (d) The licensed practical nurse shall consult with a registered nurse or other health team members and seek guidance as necessary and shall obtain instruction and supervision as necessary;~~

~~\_\_\_\_\_ (e) The licensed practical nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01; and~~

~~\_\_\_\_\_ (f) The board recognizes the **NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs**, 2007, as published by the National Association for Practical Nurse Education and Service as the criteria for assuring safe and effective practice following licensure.~~

The standards for registered nurse and licensed practical nurse practice include:

(1) Practicing within the legal boundaries for nursing practice authorized in chapter 36-9 and Article 20:48;

(2) Accepting personal responsibility for actions, competence, decisions, and behavior in the course of nursing practice. A nurse cannot avoid this responsibility by accepting the orders or directions of another person;

(3) Using nursing judgement to determine if an activity, task, or a responsibility is within the nurse's scope of practice, the nurse must consider:

(a) If the activity, task, or responsibility is one that another reasonable and prudent nurse with similar educational preparation, acquired through a formal program of study or continuing education, and demonstrated clinical competence, would perform;

(b) The complexity and frequency of nursing care needed by the client population;

(c) The proximity of clients to personnel in the practice setting where the nurse practices;

(d) The qualifications and number of personnel in the practice setting where the nurse practices;

(e) The accessible resources in the practice setting where the nurse practices; and

(f) Established policies, procedures, practices, and channels of communication that lend support to the types of nursing services offered in the practice setting where the nurse practices;

(4) Maintaining competence through ongoing learning and application of knowledge in current nursing practice;

(5) Obtaining instruction and supervision when needed when implementing new or unfamiliar nursing techniques or practices;

- (6) Documenting nursing care provided, changes in a client's condition, or relevant information, in an accurate and timely manner;
- (7) Maintaining professional boundaries and therapeutic relationships with clients;
- (8) Collaborating and consulting with, or referring clients, to other healthcare providers to resolve situations beyond the expertise of the licensed nurse;
- (9) Accepting responsibility and accountability for the delegation or assignment of nursing tasks or client care to others to whom nursing interventions are delegated or assigned;
- (10) Practicing without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis, or disability;
- (11) Advocating for the respect, dignity, rights, and property of clients and other individuals;
- (12) Taking preventive measures to promote an environment that is conducive to health and safety; and
- (13) Reporting illegal, substandard, unethical, unsafe, or incompetent nursing practice.

**Source:** SL 1975, ch 16, § 1; 3 SDR 35, effective November 11, 1976; 12 SDR 109, effective January 9, 1986; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 22 SDR 23, effective August 29, 1995; 26 SDR 174, effective July 4, 2000; 33 SDR 43, effective September 12, 2006; 41 SDR 12, effective July 31, 2014.

**General Authority:** SDCL 36-9-21.

**Law Implemented:** SDCL 36-9-1.1, 36-9-3, 36-9-4.

**References:**

- 1. ~~**Nursing: Scope and Standards of Practice**, 2004 edition, American Nurses Association. Copies may be obtained from American Nurses Publishing, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492.~~
- 2. ~~**Guide to the Code of Ethics for Nurses: Interpretation and Application**, 2008 edition, American Nurses Association. Copies may be obtained from American Nurses Publishing, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492.~~
- 3. ~~**NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nurses**, 2007 edition, National Association for Practical Nurse Education and Service, Inc. Copies may be obtained from the National Association for Practical Nurse Education and Service, Inc., [www.napnes.org](http://www.napnes.org).~~

**Declaratory Rulings:**

Instructing a patient on routine measures for taking care of ~~her~~a condition does not constitute the practice of medicine and is not grounds for disciplinary action even if the information and recommendations provided are in excess of, or different

from, the information and recommendations given by the patient's physician, so long as the nurse did not, on her own, treat the symptoms or disease. South Dakota Board of Nursing Declaratory Ruling No. 80-1.

A nurse must exercise professional judgment when a physician transmits orders through a third party, who may or may not be unlicensed, via telephone or otherwise. If an order is transmitted through a third party, all persons, including the third party, must be identified by name and title before the order may be implemented. South Dakota Board of Nursing Declaratory Ruling 87-1.

Although registered nurses, under the direction of a physician, may administer narcotics, analgesics, sedatives, and tranquilizing medications to patients, registered nurses may not administer any medication for the purpose of inducing general anesthesia. It is not within the authority of the board to determine how or for what purpose a specific drug with multiple uses is being administered at any given time. Institutional or agency protocol must address this. South Dakota Board of Nursing Declaratory Ruling 89-1.

Homemakers employed by the Department of Social Services or its contractors may provide assistance with the self-administration of medications to clients who are mentally capable of self-directing their care and who reside in their own home or reside in adult foster care or an assisted living center if the homemakers are trained as homemakers, are placed by an agency, and are under the supervision of a professional social worker or nurse as appropriate and if the assistance is limited to reminding the client to take a medication at a prescribed time, opening and closing a medication container, and returning a medication container to the proper storage area. Services provided under the conditions described are not dependent upon licensure in nursing. South Dakota Board of Nursing Declaratory Ruling 92-1.

**20:48:04:01 Scope of nursing practice for the registered nurse.** The registered nurse is responsible to organize, manage, and supervise the practice of nursing and retains professional accountability for nursing care. The registered nurse, in accordance with 20:48:04:01, uses the nursing process in the execution of nursing responsibilities, activities, or tasks for the promotion or maintenance of client health, prevention of illness or injury, or provision of nursing services. The registered nurse may:

- (1) Conduct a comprehensive nursing assessment including initiating the collection and analysis of pertinent objective and subjective data and analyzing the data regarding the health status of a client;
- (2) Conduct ongoing assessments to anticipate and recognize changes or potential changes in client status, including assimilation of data gathered from licensed practical nurses and other members of the health care team;

- (3) Identify client problems using decision-making and clinical judgement to make independent nursing decisions and nursing diagnosis;
- (4) Develop a nursing plan of care that may include interventions for health maintenance, patient teaching, counseling, prevention of illness, rehabilitation, or discharge planning;
- (5) Administer independent nursing interventions;
- (6) Administer medications and treatments prescribed or ordered by a legally authorized prescriber, including:
- (a) Determining which medication to administer when a prescriber orders more than one medication for the same therapeutic indication, including pain management medication; and
  - (b) Determining the dose to administer when a prescriber orders an as needed medication with a range of doses;
- (7) Execute delegated medical treatment, therapy, or regimen according to an approved medical protocol, standardized procedure, or standing order; including the performance of conservative sharp wound debridement, if the registered nurse holds current wound care certification with a national certification body approved by the board;
- (8) Determine and place durable medical equipment or therapeutic devices when providing preventive, restorative, and supportive care, to implement the overall plan of care;
- (9) Evaluate client response to nursing interventions and modify the nursing plan of care consistent with intended outcomes;
- (10) Provide monitoring to identify changes in a client's health status and take appropriate action, to include preventive measures to protect the client, self, and others;
- (11) Assess client learning needs, develop a plan to meet the learning needs, implement the teaching plan, and evaluate the outcome;
- (12) Delegate in accordance with 20:48:04.01:01 to include only tasks or activities that the nurse has the necessary skills and competence to accomplish safely; and
- (13) Provide supervision of licensed providers in accordance with 20:48:04:01.03 and unlicensed providers in accordance with 20:48:04.01:02.

Source:

General Authority: SDCL 36-9-21.

Law Implemented: SDCL 36-9-1.1, 36-9-3.

**20:48:04:01.02 Scope of nursing practice for the licensed practical nurse.** The licensed practical nurse assists and contributes to the implementation of the nursing process, in accordance with 20:48:04:01, as assigned or delegated by a registered nurse, advanced practice registered nurse, physician, or other authorized licensed independent health care provider, to provide nursing services for the promotion or maintenance of client health and prevention of illness or injury.  
The licensed practical nurse may:

- (1) Conduct a focused nursing assessment that may contribute to a registered nurse’s comprehensive nursing assessment and plan of care;
- (2) Assist in the identification and administration of nursing interventions, including:
  - (a) Administering medications and treatments, prescribed by a legally authorized prescriber; including,
    - i. Determining which medication to administer when an authorized prescriber orders more than one medication for the same therapeutic indication, including pain management medication; and
    - ii. Determining the dose to administer when an authorized prescriber orders an as needed medication with a range of doses;
  - (b) Administering intravenous therapy authorized in 20:48:04:06 and 20:48:04:06.01, prescribed by a legally authorized prescriber;
- (3) Assist in the administration of a delegated medical treatment or regimen according to an approved medical protocol, standardized procedure, or standing order;
- (4) Contribute to the evaluation of client care and the adjustment of the plan of care by monitoring client outcomes, collecting data, and communicating findings in a timely manner;
- (5) Assist with the identification of client learning needs, teaching, and counseling in accordance with the plan of care;
- (6) Delegate to another person in accordance with 20:48:04.01:01 to include only those nursing measures for which the nurse has the necessary skills and competence to accomplish safely; and
- (7) Provide supervision of unlicensed providers in accordance with 20:48:04.01:02.

Source:

General Authority: SDCL 36-9-21.

Law Implemented: SDCL 36-9-1.1, 36-9-4, 36-9-4.1.

**20:48:04:01.03 Supervision of a licensed practical nurse.** The registered nurse, advanced practice registered nurse, licensed physician, or other board-approved licensed health care provider, shall supervise the practice of a licensed practical nurse. The supervising health care provider shall determine if direct or minimal supervision is required after considering:

(1) The educational preparation of the licensed practical nurse, including the basic educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;

(2) The complexity of task, determined by the depth of knowledge needed to perform the task and the potential threat to the client's well-being, if a task is determined to be complex, direct supervision must be provided;

(3) Stability of the nursing situation:

(a) In a stable nursing situation if changes to a client's nursing interventions or medical orders are expected to occur over a period of days or weeks, the licensed practical nurse may practice with minimal supervision.

(b) In a complex nursing situation if frequent changes in nursing interventions or medical orders are anticipated within minutes or hours, the licensed practical nurse must participate in the performance of nursing tasks under direct supervision;

(4) Qualifications and number of personnel in the facility where the licensed practical nurse practices and the proximity of the clients to personnel;

(5) Accessible resources in the facility; and

(6) Established policies, procedures, practices, and channels of communication that lend support to the types of nursing services offered.

Source:

General Authority: SDCL 36-9-21.

Law Implemented: SDCL 36-9-3(11), 36-9-4.

**20:48:04:06. Intravenous therapy functions which may be performed by licensed practical nurses.** A licensed practical nurse who has completed a program of study that included supervised clinical practice, acquired through a pre-licensure nursing education program or other forms of continuing education, and who has demonstrated clinical competence, may perform the following intravenous therapy functions:-

—— (1) Peripheral intravenous therapy to adults and adolescents, as follows:-

—— (a) Perform venipuncture to administer intravenous fluids in peripheral veins, excluding midline catheters;

- (b) Assemble and maintain equipment for:
  - (i) Gravity drip infusion; and
  - (ii) Electronic controlling devices, excluding client controlled devices;
- (c) Calculate and adjust infusion rates using standard formulas;
- (d) Perform routine intravenous tubing set changes;
- (e) Administer, by peripheral route, standard solutions at a defined flow rate, with or without admixtures, mixed and labeled by a pharmacist, registered nurse, or physician. The admixture, potassium chloride, may not be administered at a concentration that exceeds 20 meq/liter or at a rate that exceeds 10 meq/hour;
- (f) Administer vitamins, antibiotics, corticosteroids, and H2 antagonists by the intravenous piggyback route, that are mixed and labeled by a pharmacist, registered nurse, or physician, excluding the first dose which must be administered by a registered nurse;
- (g) Convert and flush heparin or saline intermittent infusion devices;
- (h) Perform routine intravenous site dressing changes;
- (i) Discontinue peripheral intravenous therapy, excluding midline catheters;
- (2) Intravenous therapy via an externally accessed centrally placed catheter to adults and adolescents, as follows:
  - (a) Assemble and maintain equipment for:
    - (i) Gravity drip infusion; and
    - (ii) Electronic controlling devices, excluding client controlled devices;
  - (b) Calculate and adjust infusion rates using standard formulas;
  - (c) Perform routine intravenous tubing set changes;
  - (d) Administer standard solutions at a defined flow rate, with or without admixtures, mixed and labeled by a pharmacist, registered nurse, or physician. The admixture, potassium chloride, may not be administered at a concentration that exceeds 20 meq/liter or at a rate that exceeds 10 meq/hour;
  - (e) Administer vitamins, antibiotics, corticosteroids, and H2 antagonists by the intravenous piggyback route, that are mixed and labeled by a pharmacist, registered nurse, or physician, excluding the first dose which must be administered by a registered nurse;
  - (f) Perform routine heparin or saline flushes; and
  - (g) Perform central line dressing changes.

tasks for clients who are at least 12 years of age, as ordered by a legally authorized medical prescriber, and as supervised in accordance with 20:48:04:01.03:

(1) Insert peripheral venous access devices, using a needle or a catheter not to exceed three inches in length;

(2) Administer local anesthetics by the intradermal, subcutaneous, or topical routes for the purpose of pain control when inserting a peripheral catheter;

(3) Obtain blood samples through a peripheral or a central line;

(4) Assemble and maintain peripheral line and central line infusion equipment;

(5) Administer intravenous fluids, with or without out added medication, that have been prepared and labeled by a pharmacist, registered nurse, physician, dentist, or manufacturer, via a peripheral or a central line, excluding the medications listed in 20:48:04:07;

(6) Calculate and adjust infusion rates using standard formulas for peripheral and central lines;

(7) Reconstitute medications by activation of a manufacturer's prepared bag and vial system;

(8) Administer peripheral intravenous push medications, if:

(a) Direct supervision is provided;

(b) The medication is not listed in 20:48:04:07; and

(c) The licensed practical nurse administers the medication in a healthcare facility licensed pursuant to SDCL

34-12;

(9) Flush peripheral or central catheter lines with heparin or saline solutions;

(10) Administer total parenteral nutrition and fat emulsion solutions via a central line;

(11) Assemble and maintain patient controlled analgesia infusion equipment, including programming the pump pursuant to an authorized provider's order that prescribes a specific dosage, and assisting a client with self-bolus when needed;

(12) Monitor the administration of blood products, including plasma volume expanders, after the registered nurse or physician has initiated and monitored the client for fifteen minutes;

(13) Discontinue intravenous therapy infusion, blood products, and plasma volume expanders;

(14) Perform routine peripheral and central line intravenous site dressing changes;

(15) Remove peripheral intravenous therapy catheters that do not exceed three inches in length; and

(16) Remove port-a-cath needles.

**Source:** 26 SDR 174, effective July 4, 2000.

**General Authority:** SDCL 36-9-21.

**Law Implemented:** SDCL 36-9-1.1, 36-9-4, 36-9-4.1.

**20:48:04:06.01 Administration of blood components by a licensed practical nurse.** A registered nurse may assign the administration of blood products to a licensed practical nurse if:

(1) The licensed practical nurse completed an education program on the transfusion of blood products, including supervised clinical practice, acquired through a pre-licensure nursing education program or other forms of continuing education;

(2) The licensed practical nurse demonstrates clinical competence in the administration of the specific type of blood product to be administered;

(3) The client to be administered the blood product is at least 12 years of age;

(4) The blood product will be administered to a client in a hospital licensed pursuant to SDCL 34-12; and

(5) The licensed practical nurse is directly supervised during the administration of the blood product, according to

20:48:04:01.03.

Source:

General Authority: 36-9-21.

Law Implemented: SDCL 36-9-3(7), 36-9-4, 36-9-4.1.

**20:48:04:07. Intravenous therapy functions—Tasks which may not be performed by licensed practical nurses.** A licensed practical nurse may not perform the following intravenous therapy functions:

(1) Administration of medications by direct intravenous push or bolus route;

— (2) Administration of blood or blood products, fat emulsions, total parenteral nutrition, or chemotherapy;

— (3) Administration of any medications by intravenous route not authorized by § 20:48:04:06 administer the following intravenous therapy fluids, medications, agents, or drug classifications:

(a) Antiarrhythmics;

(b) Antineoplastic chemotherapy;

(c) Biologics, including immunotherapy;

(d) Fibrinolytics;

(e) Immunoglobulins;

- (f) Investigative, including experimental;
- (g) Oxytocics;
- (h) Paralytics;
- (i) Thrombolytics;
- (j) Tocolytics; and
- (k) Vasoactives;

(2) Titrate intravenous dosages of medications or agents;

(3) Administer medications for the purpose of inducing moderate sedation, deep sedation, or general anesthesia;

(4) Administer fluids, medication, or agents via an epidural, intrathecal, intraosseous, umbilical, or ventricular reservoir;

and

(5) Insert or remove midline intravenous catheter, peripherally inserted central line catheter, or other type of central line catheter.

**Source:** 26 SDR 174, effective July 4, 2000.

**General Authority:** SDCL 36-9-21.

**Law Implemented:** SDCL 36-9-1.1, 36-9-4.